



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow (SSO)/Bypass
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

1. Facility Information

Hull, MA WPCF

MA0101231

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Aram

Varjabedian

781-925-0906

First Name

Last Name

Telephone No.

Plant Manager

avarjabedian@woodardcurran.com

Title

E-mail Address

B. Phone Notifications:

1. MassDEP staff contacted:

Contacted By Email

David

First Name

Burns

Last Name

Date/Time contacted:

06/13/2018 07:55 AM

Contacted by:

2. EPA staff contacted:

Contacted by: Email

David

First Name

Turin

Last Name

Date/Time EPA contacted:

06/13/2018 07:55 AM

3. Board of Health contacted:

Contacted by: Email

Joyce

First Name

Sullivan

Last Name

Date/Time contacted:

06/13/2018 07:55 AM

4. Dir of Wastewater Oper. Hull Sewer Dept. contacted:

Contacted by: Phone

John

First Name

Struzziery

Last Name

Date/Time contacted:

6/12/2018 9:10

5. Others notified:

Harbormaster / Shelfish Warden - Kurt Bornheim, Division of Marine Fisheries - Ryan Joyce, Hull
Conservation Agent - Chris Krahforst, DPW Director - Jim Dow, Town Manager - Philip Lemnios

Contacted by: Email

Comments



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C. SSO Information

1. SSO Discovered:

By: Dave Wilson, Jim Gagliardi

Date and Time 06/12/2018 08:00 AM

2. SSO Stopped Date and Time

06/12/2018 08:30 AM

3. SSO Discharge from:

Pump Station, Other

Sanitary Manhole, Pump Station, Backup into property, Other - Specify Below

Specify: At Pump Station A, from broken drain back valve which is part of the pump station bypass system. Sewage came up through the valve gat

4. SSO Discharge to:

Ground Surface

Ground Surface, Direct to Receiving Water, Catch Basin to Receiving Water, Backup into Basement

Specify: _____

Location: 42 Valley Beach Rd. Hull, MA

(Description of discharge site or closest address)

X,Y Coordinates 42.26793 ; -70.846246

5. Estimated SSO Volume at time of this Report:

Less than 50 gallons

Method of Estimating Volume:

Visual

Other Method: _____

6. Cause of SSO Event:

Other - Specify Below

Rain Event, PS Failure, Insufficient Capacity in System, Treatment Unit failure, Sewer System Blockage, Pipe Collapse, Root Intrusion, Grease Blockage, Other

Specify: Broken drain back valve that broke during valve exercise - preventive maintenance task.

7. Corrective Actions :

Able to stop the overflow. Lime applied to all surface areas, since water had evaporated very quickly. Contractor notified to perform repairs on next day [6/13/18].

Impact Area cleaned and/or disinfected:

Yes

Corrective Actions Completed: Yes

Details: Lime applied to all areas with spreader.



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D. Comments/Attachments/Follow-up

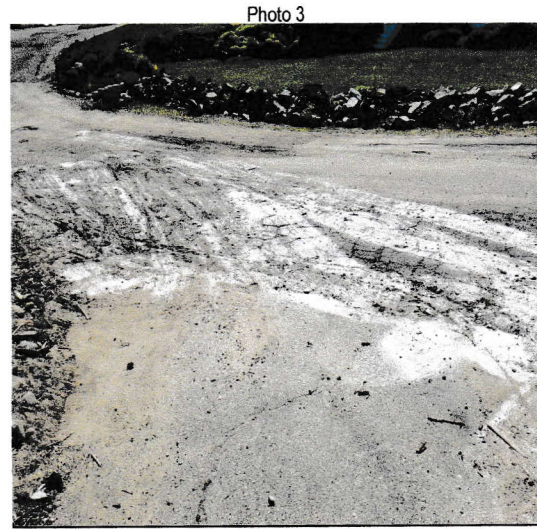
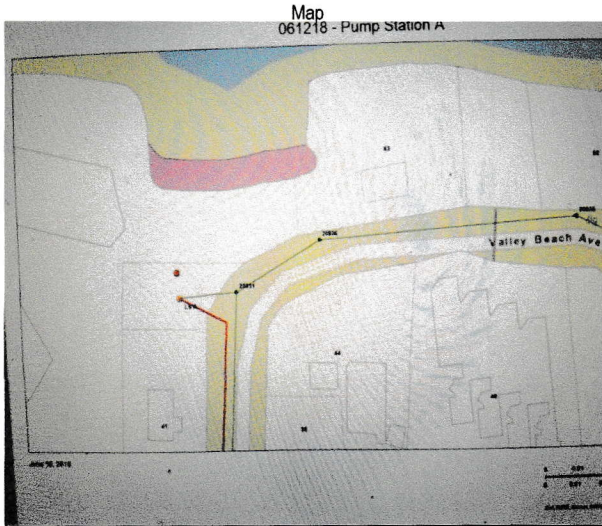
Additional comments and
planned actions:

See attached

I wish to provide the following:

Attachement, Additional Comments

Attachement, Additional Comments, No Additional Comments or Attachements





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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Arun Varigonda

Signature of Authorized Representative

6/16/2018

Date Signed

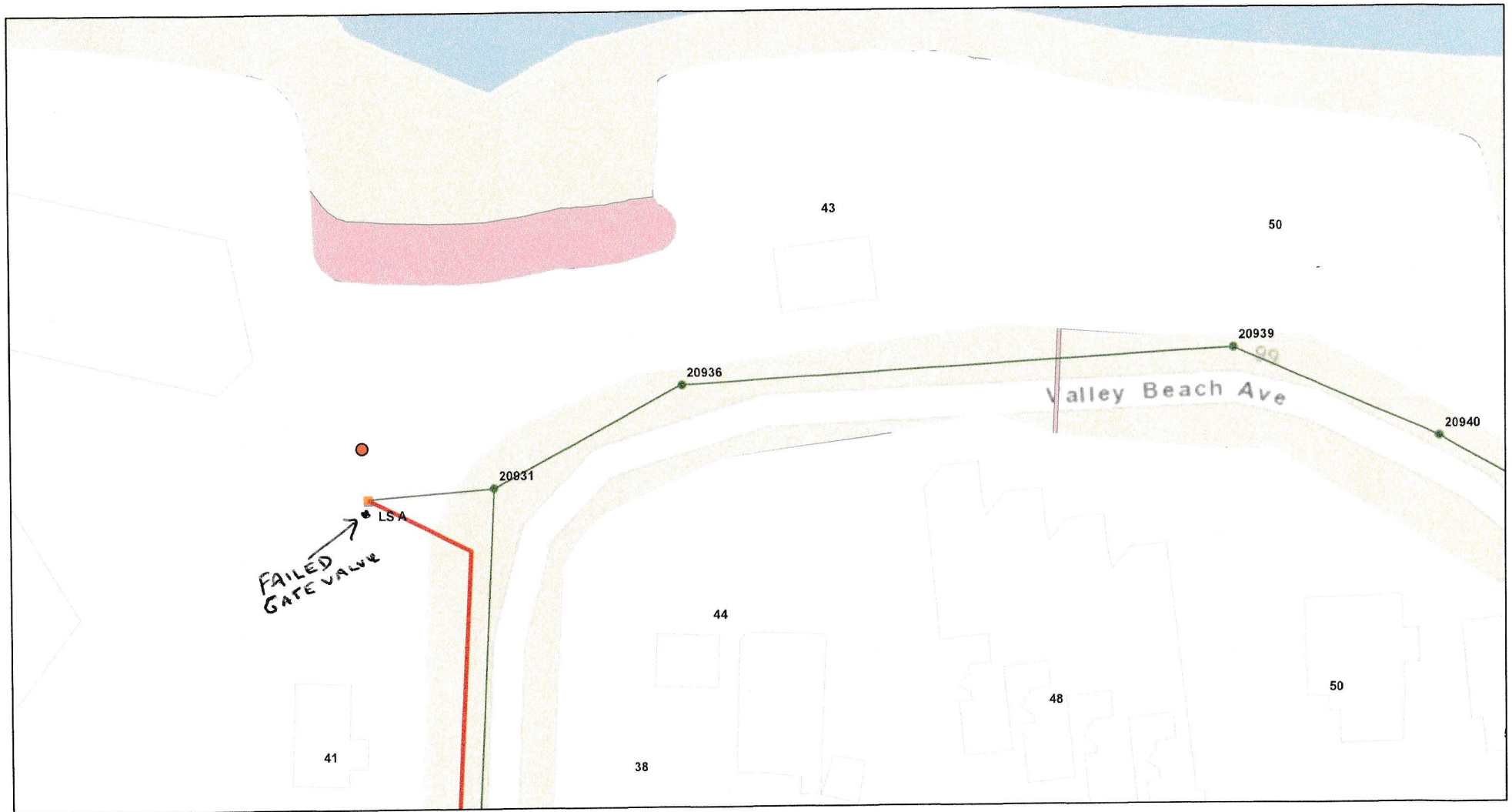
Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

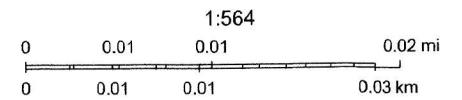
Northeast Phone: 978-694-3215
Southeast Phone: 508-946-2750
Central Rt Phone: 508-792-7650
Western F Phone: 413-784-1100
EPA Cont Phone: 617-918-1870
DEP 24-hr Phone: 888-304-1133

Fax: 978-694-3499
Fax: 508-947-6557
Fax: 508-792-7621
Fax: 413-784-1149
Fax: 617-918-0870

061218 - Pump Station A



June 16, 2018



Esri, HERE, Garmin, INCREMENT P, NGA, USGS



6-12-18
LIME APPLIED
TO ALL AREAS

gate box
for drainback
VALVE

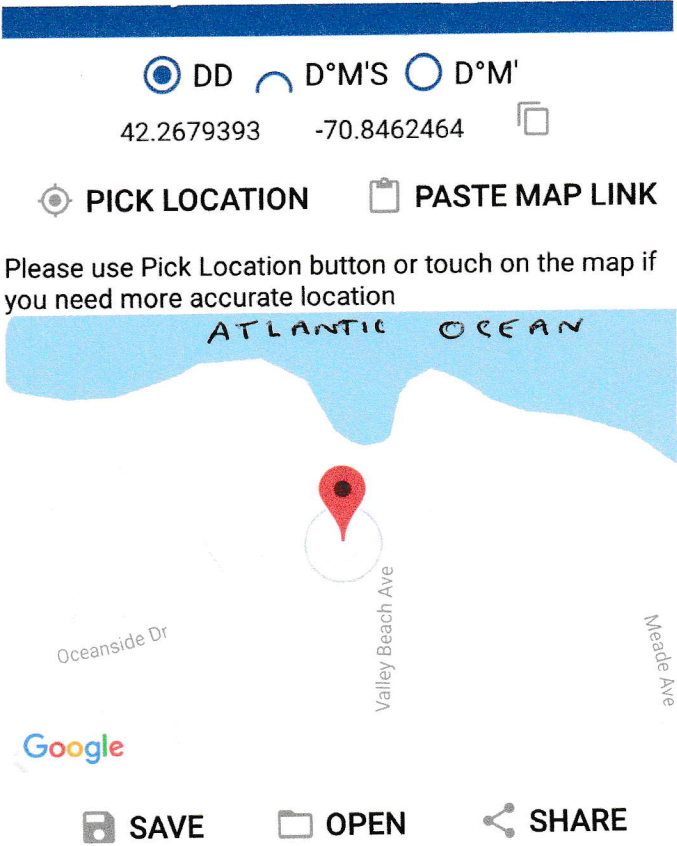
VALLEY BEACH RD.



6-14-18 ↑ ↓

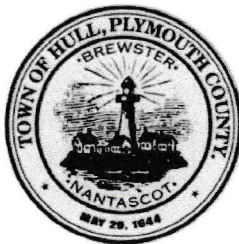


repaired drain back VALVE
AFTER REPAIRS 6-13-18



Town of Hull Wastewater Treatment Plant

1111 Nantasket Avenue
Hull, MA 02045
(781) 925-1207



NPDES Permit #
MA0101231

Unauthorized Discharge Summary Pump Station [LS A] [6-12-18]

Location (address or latitude and longitude);	<i>On SSO form</i>
Date and Time unauthorized discharge began;	<i>On SSO form</i>
Date and Time unauthorized discharge stopped;	<i>On SSO form</i>
Source of the notification (e.g., property owner, field crew, police);	<i>Staff at location performing preventive maintenance on station valves – exercising & also upgrading bypass hook-up connections.</i>
Type of asset from which the unauthorized discharge occurred (e.g., station, manhole, main);	<i>Drain back valve which is part of the station bypass piping system failed and leak resulted coming up through gate box onto the ground and surrounding area.</i>
Estimated gallons released;	<i>Estimated at less than 50 gallons. Sewage spilled onto the ground and asphalt. Staff able to keep much of the sewage contained and directed back toward the wet well manhole, but some sewage did spill onto area asphalt.</i>
Method used to estimate volume;	<i>Best estimate based upon visual.</i>
Cause of the unauthorized discharge, (blockage or break; mechanical, electrical, or structural failures);	<i>Failure of drain back valve</i>
If caused by a blockage, identify the type of blockage (e.g., grease, rags, debris);	<i>NA</i>
If caused by a mechanical, electrical, or structural failure, the date of the last inspection, maintenance, or repair of the failed asset;	<i>Component used approximately 3 months earlier on 3/13/18.</i>
Did the release reach any portion of the Town's Municipal Separate Storm Sewer System ("MS4").	<i>No release to MS4; no storm drains in this area.</i>

If the release occurred to the ground, provide the location of the nearest down-gradient catch basin and the name of the receiving water to which the catch basin discharges;	<i>No near-by down-gradient catch basins. Leak was adjacent to pump station.</i>
Did the release reach a wetland or surface water? If so, include the name and exact location where?	<i>No</i>
Measures taken to minimize the volume and duration of the unauthorized discharge;	<i>Noted above and on SSO form. Diverted/diked sewage back to the wet well manhole.</i>
Measures taken to clean the area where the unauthorized discharge occurred;	<i>Lime applied to all areas; repairs made the following day.</i>
Corrective actions taken to prevent reoccurrence of unauthorized discharges at the same location;	<i>New valve installed on 6/13/18</i>
Date of the last unauthorized discharge in the same general location;	<i>3/13/18</i>



DD



D°M'S



D°M'

42.2679393

-70.8462464

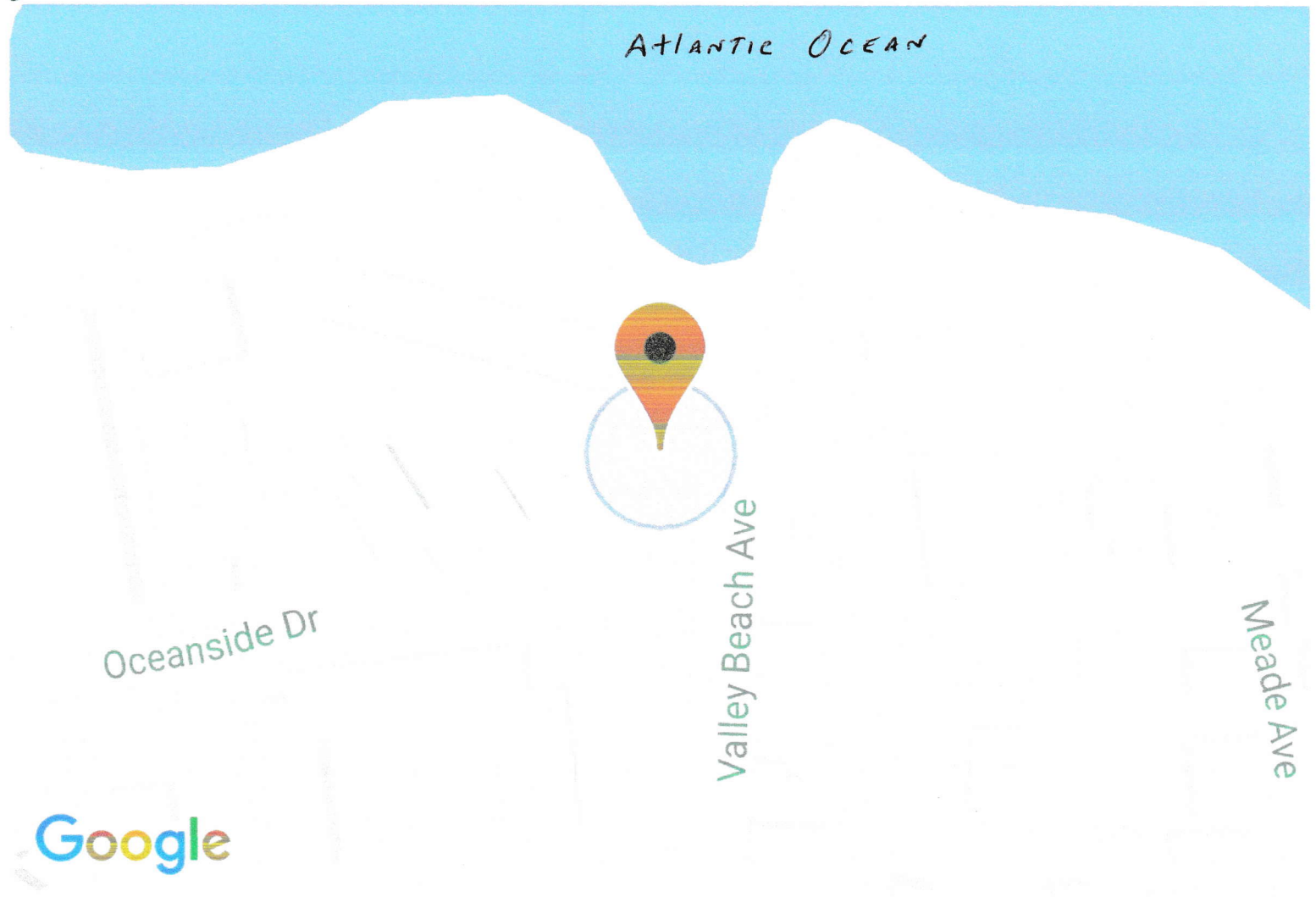


PICK LOCATION



PASTE MAP LINK

Please use Pick Location button or touch on the map if you need more accurate location



SAVE



OPEN



SHARE